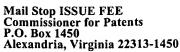
PART B - FEE(S) TRANSMITTAL

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7590

03/17/2004

Jay H Maioli Cooper & Dunham LLP 1185 Avenue of the Americas New York, NY 10036

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(Depositor's name)	y H. Maioli	Ja
(Signature)	Jan Hellaroli	
(Date	ne 1/4, 2004	
• • •		

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/649,539	08/28/2000	Masato Tanaka		6715/62963	8465		
TITLE OF INVENTION: POSITION DETECTION APPARATUS AND ARITHMETIC PROCESSING UNIT							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
	N 10	#1220	#0	01000			

nonprovisional	NO	\$1330		\$0	\$1	330	06/17/2004
EXAMINE	ER .	ART UN	ΙΤ	CLASS-SUBCLASS			
WEST, JEFF	REY R	2857		702-198000	•		
Change of correspondence ad FR 1.363).	dress or indication of "Fo	ee Address" (37	names o	inting on the patent front page, f up to 3 registered patent at	torneys or	₁ Jay⊹H.	Maioli
☐ Change of correspondence Address form PTO/SB/122)	of correspondence address (or Change of Correspondence orm PTO/SB/122) attached.		agents OR, alternatively, (2) the name o firm (having as a member a registered at		attorney or	2	
☐ "Fee Address" indication (PTO/SB/47; Rev 03-02 or n Number is required.	or "Fee Address" Indicat nore recent) attached. Use	ion form of a Customer	agent) and the names of up to attorneys or agents. If no name will be printed.			3	· . · · · · · · · · · · · · · · · · · ·

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Sony Precision Technology Inc.

Tokyo, Japan

Please check the appropriate assignee category or category	ories (will not be printed on the patent);	☐ individual	S corporation or other private group entity	☐ government	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
■ Issue Fee	☐ A check in the amount	nt of the fee(s)	is enclosed.		
☐ Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached.				
☐ Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form).				

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

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